

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040916

STATE FILE NUMBER

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 215

FILED OCT 24 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10817

20280

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9422.1

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1286-0

1310

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Rolla

Length of stay in 1b

34 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

McFarland Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Crawford

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Cuba

(If outside, give location)

d. STREET ADDRESS

1001 W. Main

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Nora

Middle

ANGELINE Shoemate

Last

4. DATE OF DEATH

Month

Day

Year

October 11 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Nov. 15, 1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months 10 Days 26

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife Home

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

State of Arkansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Henry Adams

13b. MOTHER'S MAIDEN NAME

Rose ANN Presley

14. NAME OF HUSBAND OR WIFE

John Shoemate - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

No Nil

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Jewell Ellis

Address

1001 W. Main Cuba, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Degenerative Heart Disease

Arteriosclerosis Sclerosis

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/24/63 to 10/9/63 and last saw her alive on 10/9/63. Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree of

W. R. Dyer, Jr.

22b. ADDRESS

Rolla Mo

22c. DATE SIGNED

10/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

13 October 1963

23c. NAME OF CEMETERY OR CREMATORY

Asher

23d. LOCATION (City, town, or county)

St. James, Mo.

24. FUNERAL DIRECTOR

Hoerner Funeral Home Cuba, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

Oct. 14 1963

26. REGISTRAR'S SIGNATURE

Nadene L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 25 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ramon A. Saenz

Licensed Embalmer No.

4673

P. O. Address

Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 10-12-63
His signature
Pending